| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER | ✓ | 4 | 5/15 |
| FORMALITY REVIEW |  |  |  |
| RESPONSE FORMALITY REVIEW |  |  |  |
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## INDEX OF CLAIMS

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|---|---|---|
| ✔ ................................. Rejected | N ................................. Non-elected |
| = ................................. Allowed | I ................................. Interference |
| — (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ................................. Restricted | O ................................. Objected |

| Claim Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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